

Pilot on End of Life Care in Nursing Home in the New Territories West Cluster

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Background

Ageing Population

Live older and more frail

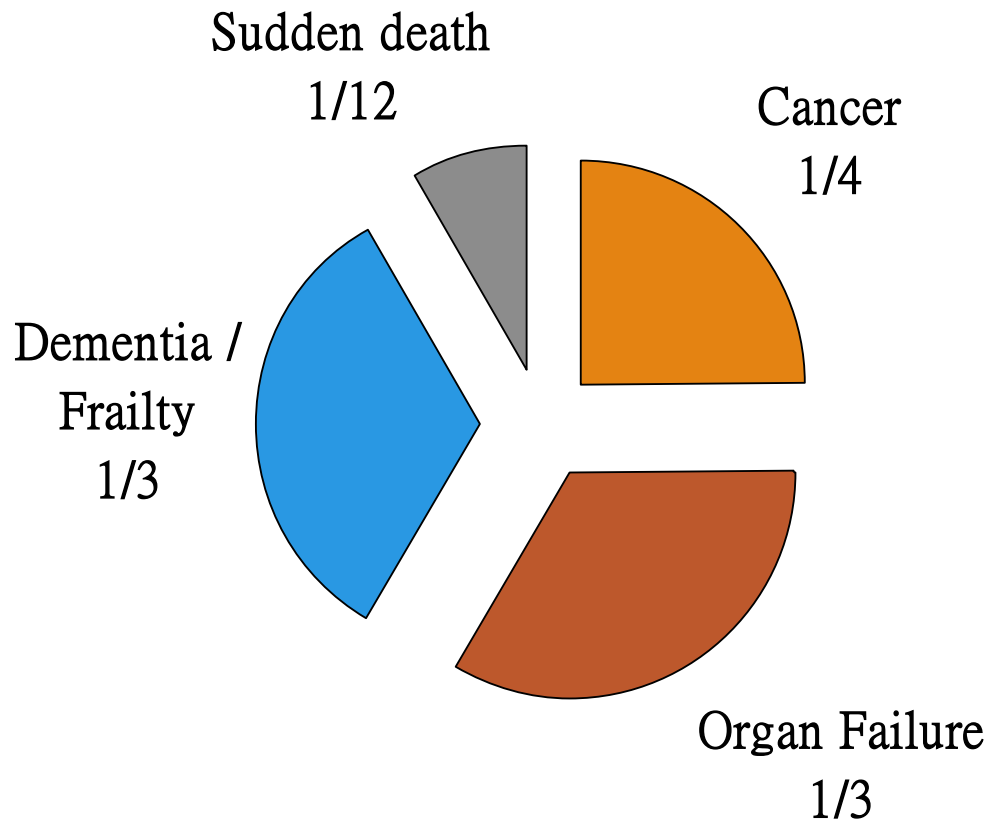
Need to be cared in Nursing Homes

Frailty

- Frequent Admission
- High Mortality Rate

Patients, Family and Nursing Homes

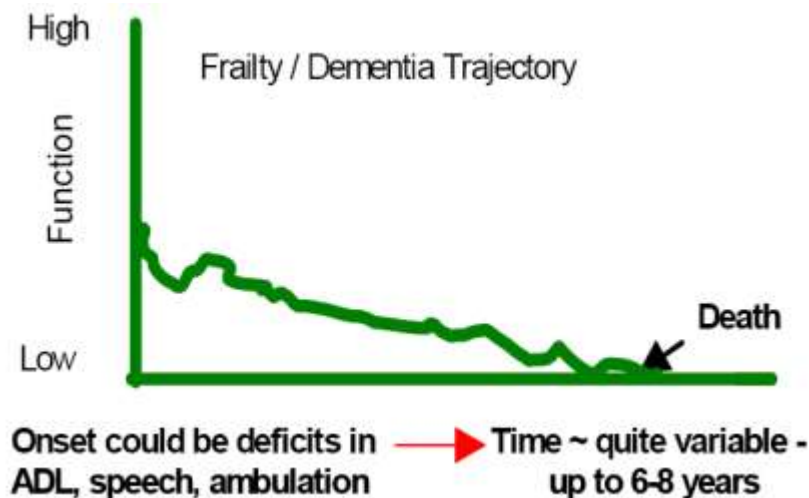
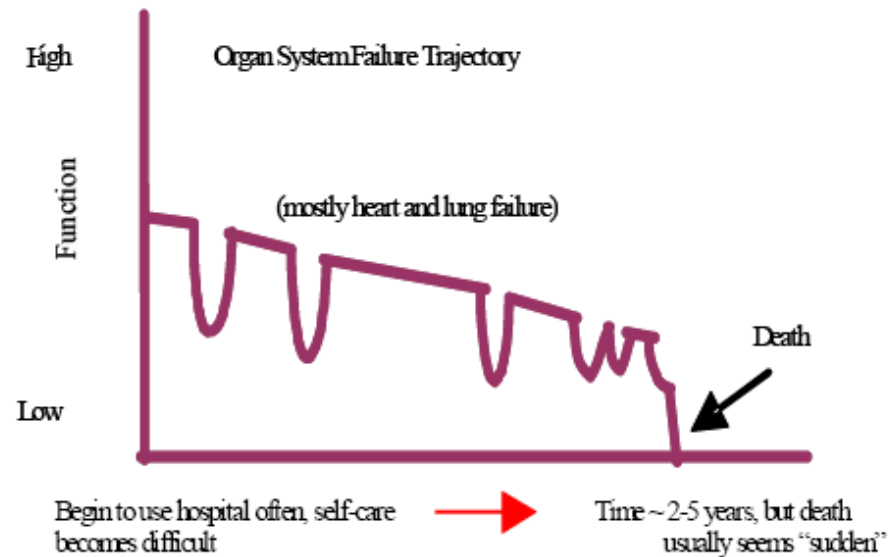
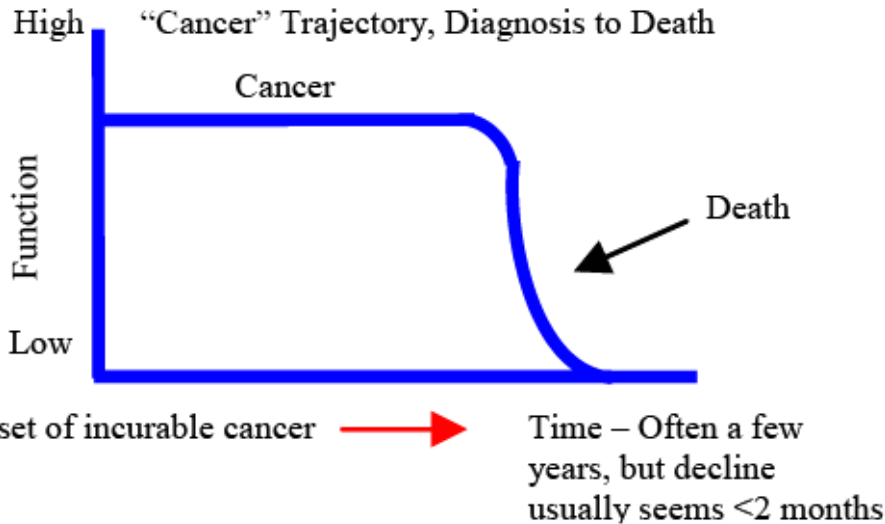
- All Suffers



Gold standards Framework, UK, June 2006

Similar result seen in NTWC Cluster 2013

The different trajectories makes end of life predictions difficult



Palliative / End of Life Care

Malignancy

- Well established by Clinical Oncology

End Organ Failure

- Established by Palliative Medicine

Frail older People

- Under developed

Priority areas for EOL care for elderly in old age homes

How to identify ?

Primary diagnoses, symptoms and disease trajectories of the illnesses ?

Emotional and social needs ?

Barriers

- Families' expectations
- Old age homes factors

New Territories West Cluster

104 Old Aged Homes with around 8000 elders

- 84 OAH (around 5000 elders) under active medical CGAT services



Pilot EOL program

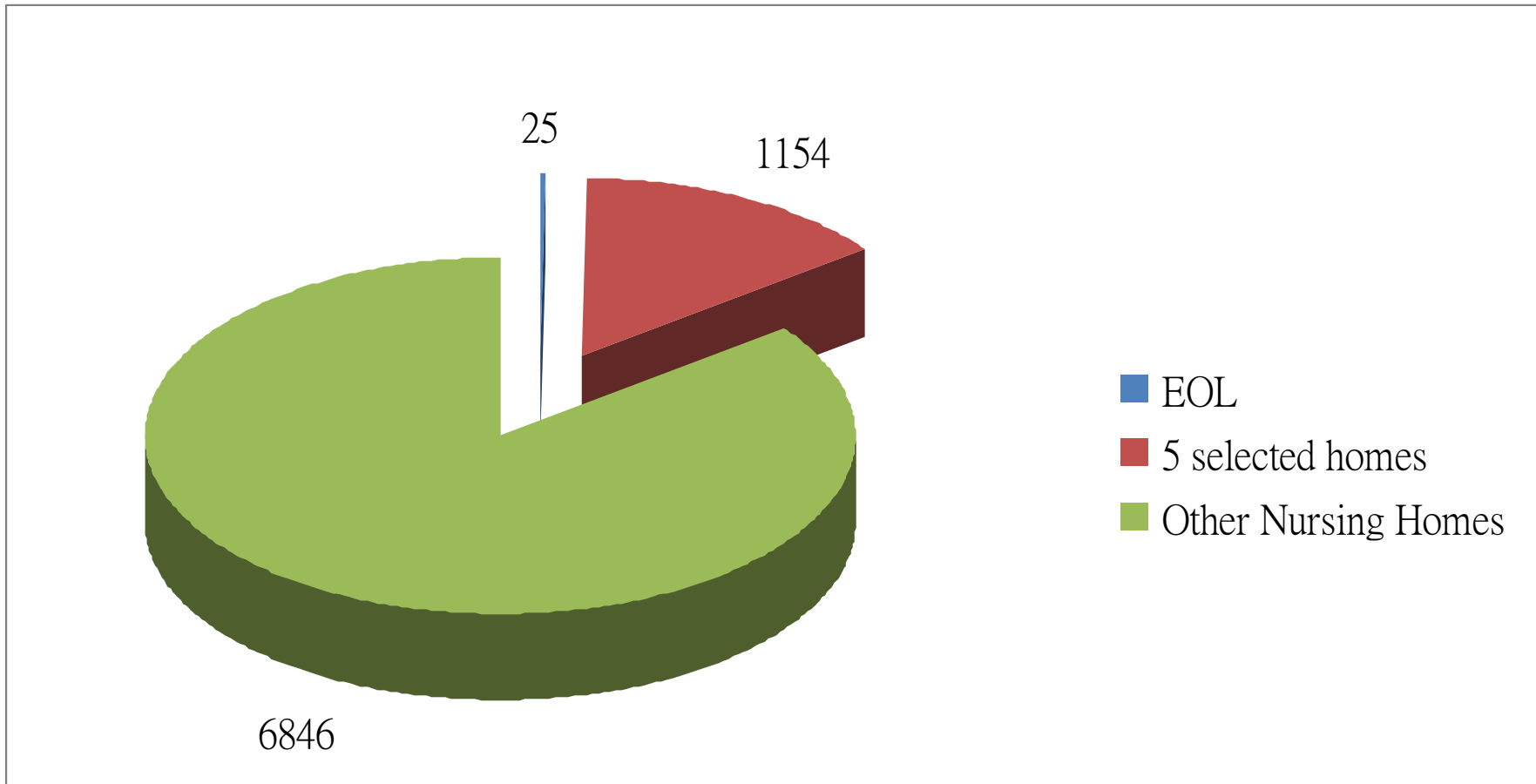
Started in Oct 2012

5 Nursing Homes

- total Capacities of 1154 elders

Total quota = 25 at the same time

Total elders in Nursing Homes in NTWC



EOL Care Recruitment

Recruited by the attending Geriatrician

- The “surprise question”:
“Would I be surprised if this patient were to die within the next 6 months ?”
- Hospitalization ≥ 2 times in past 6 months
 - (not mandatory)

What had we done

1. Round Table Discussion with the Superintendent and Nurse in Charge of the 5 Nursing Homes
2. Timely physical and psychological support to the elders
3. Discuss with their family about the illness and the prognosis so as to develop an advanced care plan
4. Education and support to the frontline of nursing home

Talk and Sharing in a nursing home



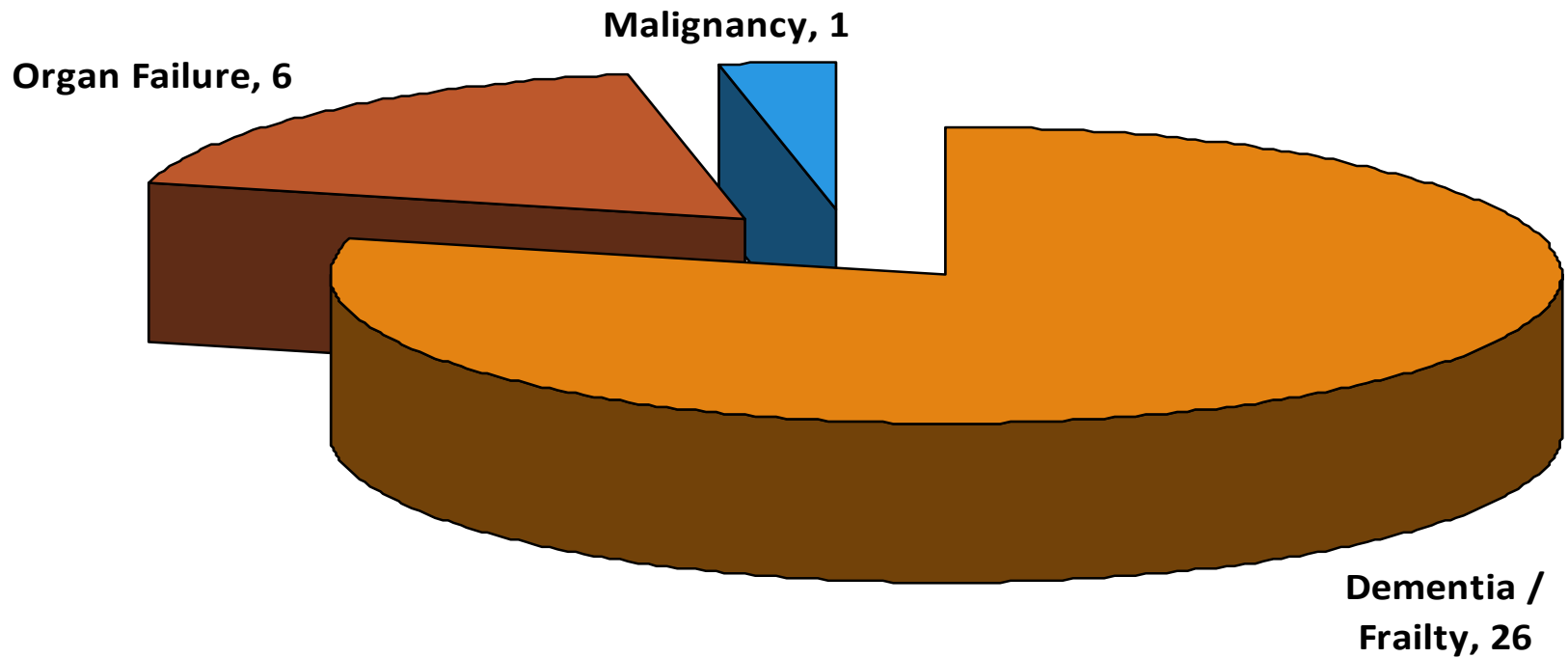
Clinical Review

After nine months' service

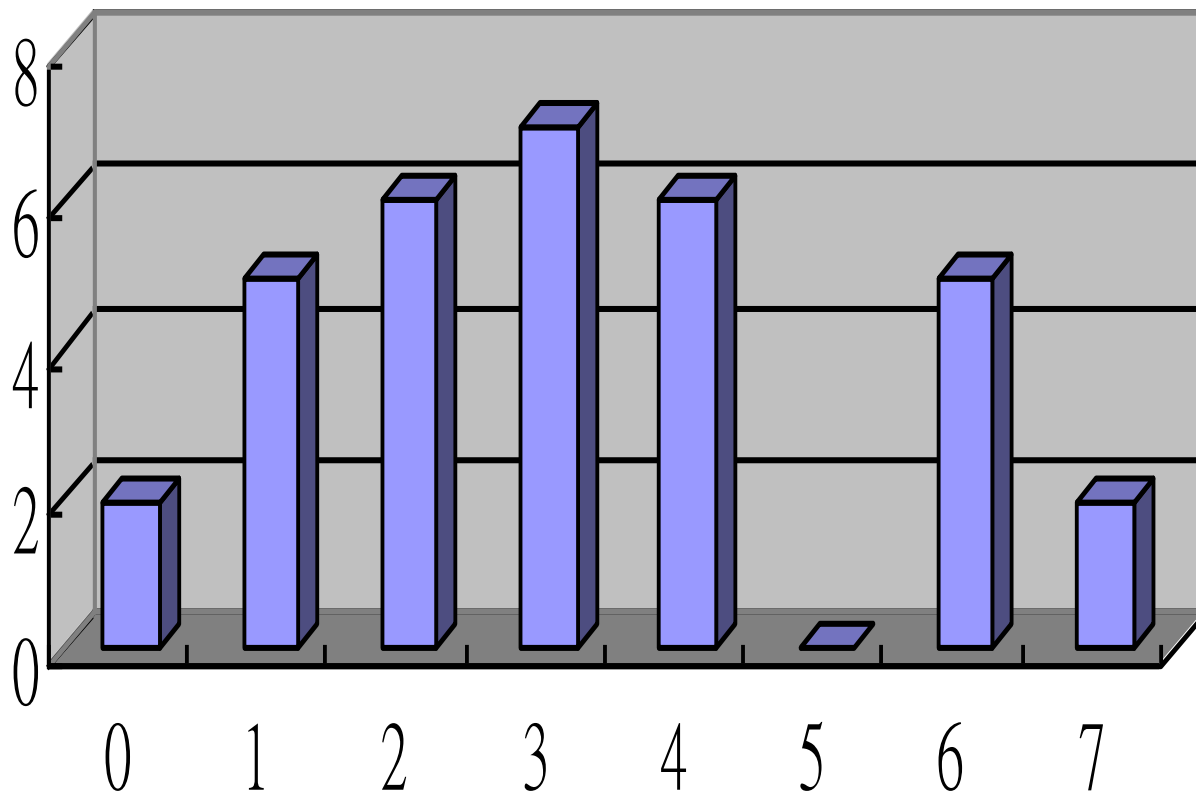
Total = 33 patients

- 24 of them were female
- The mean age was 87.6 ± 6.9 (71-106)

The Principal Diagnosis



Hospiltaiization in last 6 months



Patients' Characteristics

All of them were bed-chair bound.

18 patients (55%) had chronic wound

18 patients (55%) were on tube feeding

Patients' Symptoms

Physical complaints

- Pain
 - 10 patients
- shortness of breath or sputum retention
 - 7 patients
- poor appetite
 - 1 patient

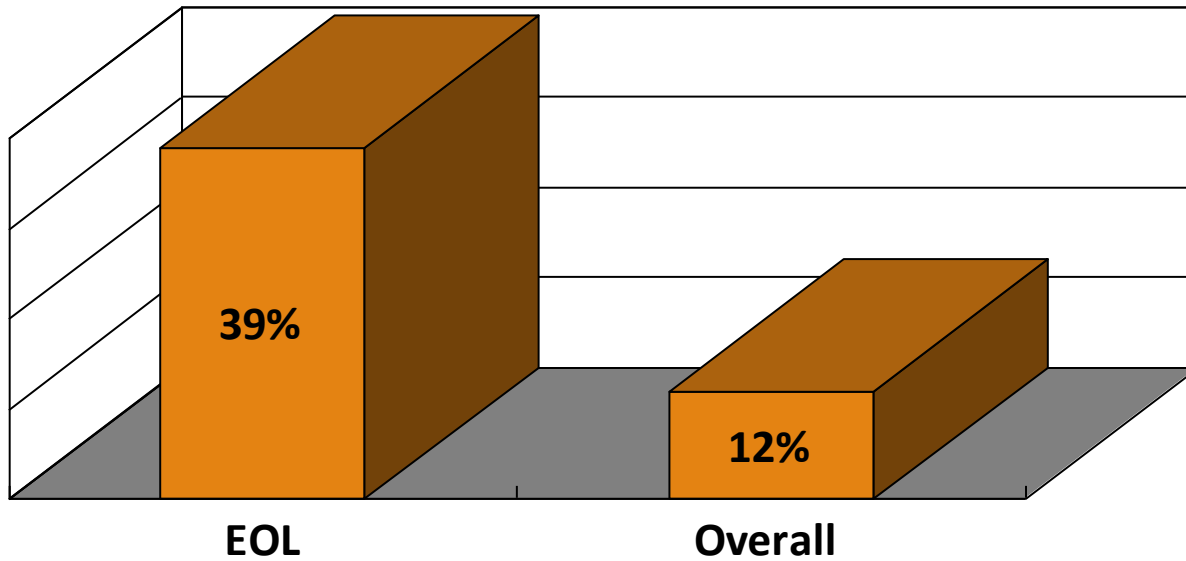
Anxiety / Depression

- 5 patients

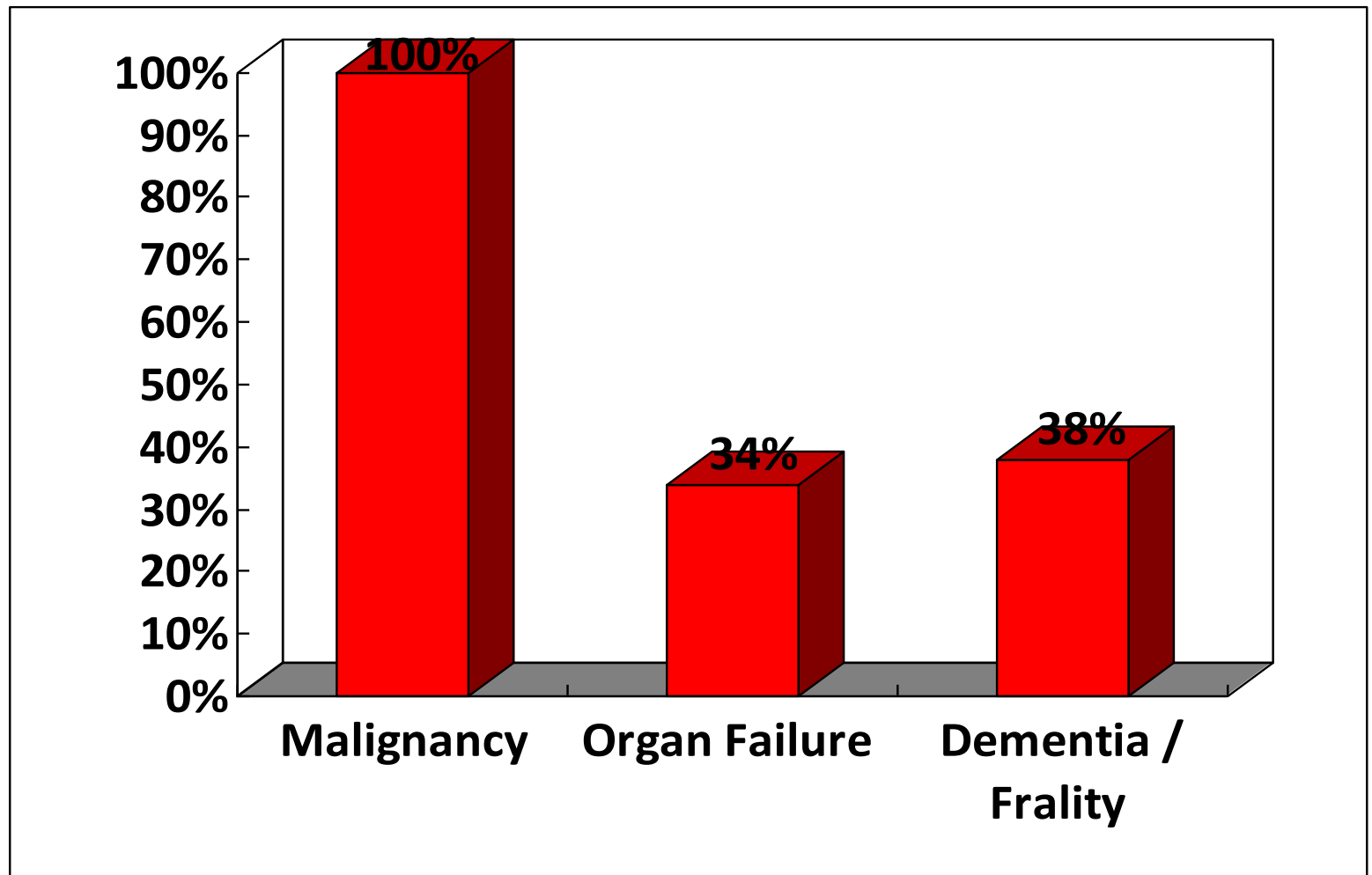
Family Acceptance

97% accepted our program and agreed to formulate an advanced care plan for the patients

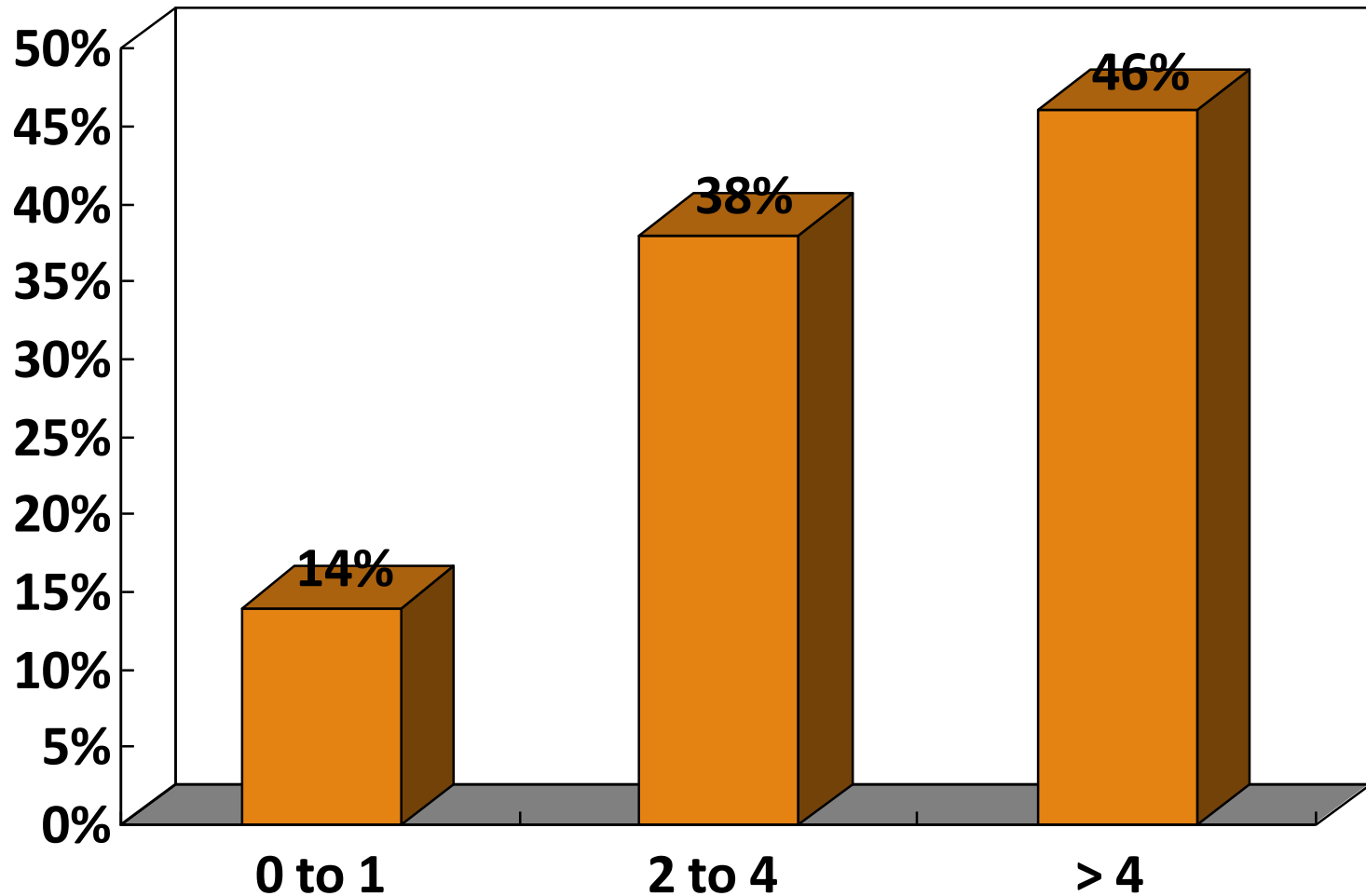
Mortality Rate in that 5 Nursing Homes



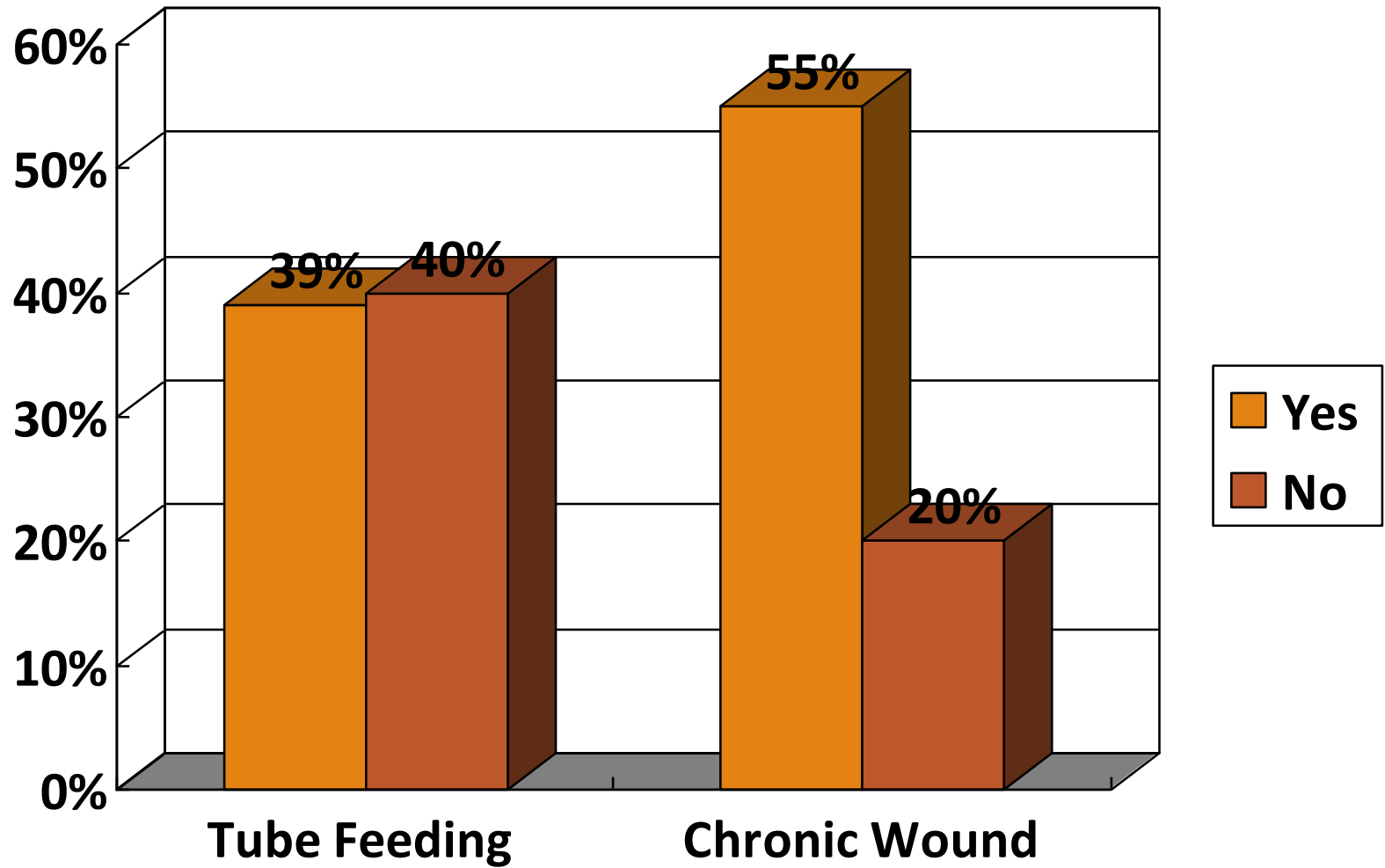
Mortality According to Principal Diagnosis



Morality Rate According to Number of Hospitalization in last 6 months



Mortality Rate



Priority areas for EOL care for elderly in old age homes

How to identify ?

Primary diagnoses, symptoms and disease trajectories of the illnesses ?

Emotional and social needs ?

Barriers

- Families' expectations
- Old age homes factors

Conclusion

How to identify ?

“Surprise” question + 2 Hospitalization in recent 6 months

Conclusion

Primary diagnoses, symptoms and disease trajectories of the illnesses ?

Most of them are frailty / Dementia

- Bed/Chair Bound
- N/G tube feeding
- Presence of Chronic Wound

Main Symptoms

- Pain
- Shortness of breath, sputum retention

Conclusion

Emotional and social needs ?

Only 16% would have anxiety and depression as most were severely demented

Conclusion

Barriers

- Families' expectations
- Old age homes factors

Good Communication with family will gain >95 % of acceptance

Need to have good rapport with the Nursing Homes to engage them to develop EOL

End